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Sheet 1

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Co.	mplete if Known	and ONB CONTO NUMBER
Application Number	10/811,793	
Filing Date	Mar 29 2004	8000
First Named Inventor	Plachetka	AG 27 7004
Art Unit	14646	
Examiner Name	Choi, Frank	H CENTER 1800/2900
Attorney Docket Number	625	TOTAL TOTAL STATE

Examiner	Cite	Designant Moraban	Publication Date	F DOCUMENTS  Name of Patentee or	Pages, Columns, Lines, Where
Initials*	No.1	Document Number	MM-DD-YYYY	Applicant of Cited Document	Rélevant Passages or Relevant
		Number-Kind Code <sup>2 (if known)</sup>			Figures Appear
		<sup>US-</sup> 5,288,507	02-22-1994	Sims	cols. 1 and 4
		<sup>US-</sup> 6,106,862	08-22-2000	Chen	col. 3
		<sup>US-</sup> 5,415,870	05-16-1995	Gergely	col. 4
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Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
	Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>5</sup> ( <i>if known</i> )	MM-DD-YYYY		Or Relevant Figures Appear	Т'
	EP 0 823 255 A1	02-11-1998	Seiyaku	page 3, line 40	
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Examiner	Date	
Signature	Considered	

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Substitute for form 1449/PTO			Complete if Known		
, Quasima	10 10111 1440/1 10			Application Number	10/811,793
INF	ORMATION	DIS	CLOSURE	Filing Date	March 29, 2004
STA	STATEMENT BY APPLICANT			First Named Inventor	Plachetka
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Sheet	2	of	2	Attorney Docket Number	

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>	
		MOORE, Drug treatment of migraine: Part I. Acute therapy and drug-rebound headache, Am Fam Physician, 1997, 2039-48, 56(8), American Academy of Family Physicians, Kansas City, MO		
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Examiner	Date	
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